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PATENT APPLICATION FEE DETERMINATION RECORD Substitute for Form PTO-875							Application or Docket Number 09/842,599			ing Date 25/2001	To be Mailed
APPLICATION AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY				HER THAN
	FOR	N	JMBER FIL	.ED NUI	MBER EXTRA	Г	RATE (\$)	FEE (\$)		RATE (\$)	FEE (\$)
	BASIC FEE (37 CFR 1.16(a), (b),	or (c))	N/A		N/A	1	N/A		1	N/A	
	SEARCH FEE (37 CFR 1.16(k), (f),	or (m))	N/A		N/A		N/A			N/A	
	EXAMINATION FE (37 CFR 1.16(a), (p),		N/A		N/A		N/A		1	N/A	
TO' (37	FAL CLAIMS CFR 1.16(i))		mir	ius 20 = *]	x s =		OR	x \$ =	
	EPENDENT CLAIN CFR 1.16(h))	IS	m	inus 3 = *		1	x \$ =		1	x \$ =	
If the specification and drawings exceed 10 sheets of paper, the application size fee du is \$2.50 (\$125 for small entity) for each additional 50 sheets of fraction thereof 35 U.S.C. 41(40)(1)(6) and 37 CFR 1.16(s)											
MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j))									ı		
* If the difference in column 1 is less than zero, enter "0" in column 2.							TOTAL]	TOTAL	
APPLICATION AS AMENDED – PART II OTHER THAN (Column 1) (Column 2) (Column 3) SMALL ENTITY OR SMALL ENTITY											
AMENDMENT	07/16/2007	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1.16(i))	· 20	Minus	·· 20	=	1	x s =		OR	x s =	
	Independent (37 CFR 1/16(h))	• 1	Minus	···3	=	1	x \$ =		OR	x \$ =	
	Application Size Fee (37 CFR 1.16(s))										
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j))								OR		
							TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	
(Column 1) (Column 2) (Column 3)											
AMENDMENT		CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA		RATE (\$)	ADDITIONAL FEE (\$)		RATE (\$)	ADDITIONAL FEE (\$)
	Total (37 CFR 1,16())	*	Minus	**	=	1	x s =		OR	x s =	
Ω	Independent (37 CFR 1.16(h))	•	Minus	***	=	1	x \$ =		OR	x \$ =	
필	Application Size Fee (37 CFR 1.16(s))					1			l		
ΑN	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(j))					ı			OR		
									OR	TOTAL ADD'L FEE	
"If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20". "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 3, enter "3". The "Highest Number Previously Paid For" (To THIS SPACE is less than 5, enter "3". The Selection of Ingrangian is assumed to 32 CEP 11 IS This information is previously to obtain or regain a benefit by the public which is to the and by the LISPTO to											

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